

# FEEDBACK



Patient Safety  
Reporting System  
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FEEDBACK shares excerpts of reports sent by VA personnel to PSRS. Actual quotes appear in italics. In May 2000, NASA and the VA initiated the PSRS, a voluntary, confidential, and non-punitive reporting system. PSRS encourages VA personnel to describe safety issues from their firsthand experience and to contribute their information to PSRS.

Did you know that PSRS also welcomes reports regarding *potential safety* situations, as well as reports on actual safety incidents? This month's issue highlights information received from VA employees, including clinicians, administrative staff and environmental services, regarding observations which *could* lead to an unsafe event.

## Put a Damper on the Tamper!

This physician reporter wrote about his/her concerns regarding the lack of CPRS in some outpatient areas:

- ♦ *...narcotics must be ordered in outpatient areas using paper rx not CPRS. Thus, narcotics [are] not captured in orders, and rx is open to be changed/altered in amount and date...*

The reporter went on to recommend that

- ♦ *...all narcotics should be ordered in outpatient area by CPRS*

This PSRS reporter has echoed current concern over a substantial and growing problem in this country: prescription fraud, or "pharmaceutical diversion." According to Zickler<sup>1</sup> the number of people who abuse prescription drugs is greater than the number of people who abuse many illegal street drugs. The National Institute on Drug Abuse (NIDA) reports that in 2003, 6.3 million Americans reported currently using prescription drugs for non-medical purposes, and 15 million reported having used a prescribed drug for a non-medical reason at least once in the year<sup>2</sup>. A recently released report from the National Center on Addiction and Substance Abuse (CASA) indicates that from 1992 to 2002<sup>3</sup>:

- ♦ The number of individuals abusing controlled prescribed drugs increased by 94%
- ♦ There was a 154% increase in prescriptions written for controlled substances, nearly 3 times greater than the increase for prescriptions for other types of medications

The concern raised by this PSRS reporter around the ability to alter a paper prescription is one example of potential prescription fraud. Others include: forging prescriptions, altering prescriptions, doctor shopping, impersonating medical staff via calling in prescriptions, and stealing of blank prescription forms. It is unknown how often prescription diversion occurs, but it is felt to be substantial. The use of CPRS certainly helps to reduce the incidence of prescription diversion as the reporter points out. When unable to use CPRS, however, the DEA has issued recommendations for the handling of prescriptions to reduce fraud (see text box).

### Tips For Prescribers of Controlled Substances\*

- ♦ Carry only one pad with you and keep blanks in a safe place. Don't use pads for notes or memos
- ♦ Scripts should be written in ink
- ♦ Do not write for large quantities
- ♦ Write out the number to be dispensed in words as well as with the Arabic number or Roman numeral
- ♦ Be cautious when a patient mentions that another physician had been prescribing a controlled substance for him/her
- ♦ Be cooperative with pharmacists when they call for verification
- ♦ Never sign prescription blanks in advance

\*Modified from the DEA's Physician's Manual at:

[http://www.vetmed.wsu.edu/pharmacy/vm522p/controlled/dea\\_all.htm](http://www.vetmed.wsu.edu/pharmacy/vm522p/controlled/dea_all.htm) (accessed Aug 2005)

<sup>1</sup> Zickler, P. (2001). "NIDA Scientific Panel Reports on Prescription Drug Misuse and Abuse." *Research News, NIDA Notes 16(3)* (August).

<sup>2</sup> NIDA. <http://www.drugabuse.gov/drugPages/PrescripDrugsChart.html>. Accessed July 2005

<sup>3</sup> Under the Counter: The Diversion and Abuse of Controlled Prescription Drugs in the US. July 2005. The National Center on Addiction and Substance Abuse at Columbia University. At <http://www.casacolumbia.org/supportcasa/>



## Facility Readiness...being prepared is key

Given the disturbing headlines of today concerning terrorism, facility preparedness has become more of a focus. This is of particular relevance for hospitals since they need to be prepared to care for large numbers of injured people in the case of biological attacks or other acts of terrorism. Environmental disasters such as earthquakes, hurricanes, and tornados also represent areas for planning and preparedness.

JCAHO standard EC.1.4 requires that all facilities, including hospitals, long term care, behavioral health and ambulatory care, have an emergency management plan. In addition, JCAHO requires that drills be conducted regularly to test emergency management (EC.2.9.1). One concerned reporter wrote to PSRS with the following:

- ♦ *There is no plan established — what to do in case of storms with high winds, rain, hail, etc... The potential for danger would be lessened if there was a plan to ask patients and staff to get away from doors and windows when the weather looks threatening (i.e. skies suddenly darken, winds increase). This situation would require [independent] decision-making at the local site and without waiting for the weather bureaus to issue an alert.*

## Help at Hand...the small stuff can make a difference!

This reporter wrote to PSRS about a move that their VA made which, in their view, improved patient safety at their facility:

- ♦ *We have a Bio-Med Technician whose work station is located in the OR. This is truly a wonderful situation and I would highly recommend and urge all hospitals follow this form of technical support for equipment repair/malfunction.*

This reporter has illustrated a simple example of how looking at workflow and making changes can improve efficiency. In this case, the individual responsible for fixing equipment in the OR was brought closer to where that equipment is located. These simple solutions can be applied to other areas of the hospital, improving efficiency and contributing to patient safety.

## Escort Please

In our last issue of *FEEDBACK*, we discussed the issue of violence within hospitals. PSRS has subsequently received several reports regarding the potential for violence in certain situations.



This reporter wrote to PSRS about patients who are flagged in the system, but not necessarily monitored when on VA property:

- ♦ *I went out for a smoke in the smoking area... I was alone... when I spotted a gentleman coming from the rear of the building...we started up a conversation... I was outside approximately 10 minutes with this man... it was [later] brought to my attention that this gentleman was flagged in the system as a sexual predator with several charges of rape and assault... any number of things could have happened to me regarding this individual. When a patient is flagged in the system... that patient needs to be escorted by VA police the entire time they are on [VA] property.*

In any situation, it is always good to be vigilant and watchful of your surroundings. Remember to remain cognizant of standard precautions for your personal safety!

PSRS Report forms and past issues of *FEEDBACK* are available on the VA intranet as well as the PSRS website.

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<http://psrs.arc.nasa.gov>

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